



AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66778-114 (P-UC 4530)	
SERIAL NO: 09/780,576	FILING DATE: February 9, 2001	EXAMINER: R. Li	GROUP ART UNIT: 1646 CONFIRMATION NO.: 1610
INVENTION: ADP-GLUCOSE RECEPTOR			

MAIL STOP RCE  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"  
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347 545 304 US  
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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING  
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37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS  
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BOX 1450, ALEXANDRIA, VA 22313-1450.  
Rebecca C. Clifford  
(TYPED OR PRINTED NAME OR PERSON MAILING PAPER OR FEE)  
Rebecca Clifford  
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a response to the Office Action  
mailed April 15, 2003, and the Advisory Action mailed  
September 30, 2003, in the above-identified application.

X Small Entity status of this application has been  
established under 37 CFR 1.27.

     One executed Terminal Disclaimer.

X Request for Continued Examination (in duplicate).

X No additional claims fee is required.

     An additional claims fee is required and has been  
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	12	-	33	-	0	x	\$9	\$18	=	\$	\$
INDEPEN- DENT CLAIMS	4	-	8	-	0	x	\$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			_____ YES		_____ X NO		\$140	\$280	=	\$	\$
							TOTAL ADDITIONAL FEE			\$0	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than  
20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3,  
write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and  
the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0,  
write "0" in the space.

Inventors: Civelli et al.  
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- X Please charge my Deposit Account No. 502624 the amount of \$385.00 which covers the fee for a Request for Continued Examination. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

December 11, 2003  
Date

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